

APPENDIX 11 PRIOR AUTHORIZATION CLOZAPINE ATTACHMENT (PA/CZA) SAMPLE

Mail To:
E.D.S. FEDERAL CORPORATION
Prior Authorization Unit
Suite 88
6406 Bridge Road
Madison, WI 53784-0088

PA/CZA
PRIOR AUTHORIZATION
CLOZAPINE ATTACHMENT

1. Complete this form
2. Attach to PA/RF
(Prior Authorization Request Form)
3. Mail to E.D.S.

RECIPIENT INFORMATION				
1	2	3	4	5
Recipient	Im	A	1234567890	26
LAST NAME	FIRST NAME	MIDDLE INITIAL	MEDICAL ASSISTANCE ID NUMBER	AGE

PROVIDER INFORMATION		
6	7	8
I. M. Prescribing	XXXXXXXXXX	(XXX) XXX-XXXX
PRESCRIBING PHYSICIAN'S NAME	PRESCRIBING PHYSICIAN'S DEA NUMBER	PRESCRIBING PHYSICIAN'S TELEPHONE NUMBER

SECTION I Diagnostic Information

1. Please give a current diagnostic statement for this patient including all 5 axes from current DSM manual.

Axis I 295.70 Schizo - Affective disorder

Axis II None

Axis III None

Axis IV Five-serious chronic illness

Axis V 35

2. Description of patient's illness

Include onset and intensity of psychosis, current and past treatment history other than hospitalizations, symptom management and psychotherapy. Describe rationale for use, or continuing use, of clozapine.

Since 18 years of age, she has suffered from auditory hallucinations, paranoid delusions and manic episodes. Attends a community support program and has also participated in day treatment program. Clozapine is indicated because other neuroleptic medications have not alleviated symptoms.

SECTION II Previous Neuroleptic Medications

Previous Neuroleptic Medication (within past 10 years or longer if failures of medication occurred before that time)
(Not necessary on subsequent requests)

Drug name	Highest Daily Dosage	Date Start/End	Side Effects and/or Reason Discontinued
Haldol and Haldol Decanoate	30 mg PO 100 mg q 2wks	8/88 to Present	Remains on but continues to have delusions and hallucinations
Prolixin and Prolixin Decanoate	20 mg PO 50 mg q 2wks	7/87 to 7/88	No relief from hallucinations and delusions
Thorazine	500 mg	2/85 to 7/87	No relief from hallucinations and delusions

SECTION III Hospitalizations

1. Hospital days for psychiatric disorder within the past six months 13
2. Hospital days for psychiatric disorder within the past three years 62
3. Hospital days for psychiatric disorder within the past five years 150
4. Number of hospitalizations for psychiatric disorder prior to last five years 10

SECTION IV Brief Psychiatric Rating Scale (BPRS)

DATE ADMINISTERED: 11/11/92

The following 24-item version must be completed in person and must reflect the patient's current condition. Enter the number on the line using the scale value below that best describes the patient's present condition.

- | | (1)
No problem | (2)
Very mild | (3)
Mild | (4)
Moderate | (5)
Moderately Severe | (6)
Severe | (7)
Extremely Severe |
|---|-------------------|------------------|-------------|-----------------|--------------------------|---------------|-------------------------|
| 1. <u>4</u> Somatic Concern - preoccupation with physical health, fear of physical illness, hypochondriasis | | | | | | | |
| 2. <u>7</u> Anxiety - worry, fear, overconcern for present or future | | | | | | | |
| 3. <u>5</u> Depressive mood - sorrow, sadness, despondency, pessimism | | | | | | | |
| 4. <u>4</u> Guilt feelings - self-blame, shame, remorse for past behavior | | | | | | | |
| 5. <u>6</u> Hostility - animosity, contempt, belligerence, disdain for others | | | | | | | |
| 6. <u>7</u> Suspiciousness - mistrust, belief others harbor malicious or discriminatory intent | | | | | | | |
| 7. <u>5</u> Unusual thought content - unusual, odd, strange, bizarre thought content | | | | | | | |
| 8. <u>2</u> Grandiosity - exaggerated self-opinion, arrogance, conviction of unusual power or abilities | | | | | | | |
| 9. <u>7</u> Hallucinatory behavior - perceptions without normal external stimulus correspondence | | | | | | | |
| 10. <u>7</u> Emotional withdrawal - lack of spontaneous interaction, isolation, deficiency in relating to others | | | | | | | |
| 11. <u>3</u> Suicidality - expressed desire, intent, or actual actions to harm or kill self | | | | | | | |
| 12. <u>6</u> Self - Neglect - hygiene, appearance, or eating below social standards | | | | | | | |
| 13. <u>1</u> Disorientation - confusion regarding person, place or time | | | | | | | |
| 14. <u>6</u> Conceptual Disorganization - thought process confused, disconnected, disorganized, disrupted | | | | | | | |
| 15. <u>6</u> Excitement - heightened emotional tone, increased reactivity, impulsivity | | | | | | | |
| 16. <u>2</u> Motor Retardation - slowed, weakened movements or speech, reduced body tone | | | | | | | |
| 17. <u>2</u> Blunted Affect - reduced emotional tone, reduction in normal intensity of feelings, flatness | | | | | | | |
| 18. <u>7</u> Tension - physical and motor manifestations or nervousness, hyperactivity | | | | | | | |
| 19. <u>4</u> Mannerisms and Posturing - peculiar, bizarre unnatural motor behavior | | | | | | | |
| 20. <u>6</u> Uncooperativeness - resistance, guardedness, rejection of authority | | | | | | | |
| 21. <u>1</u> Bizarre Behavior - reports of odd, unusual or psychotically criminal behavior | | | | | | | |
| 22. <u>4</u> Elated Mood - euphoria, optimism that is out of proportion to circumstances | | | | | | | |
| 23. <u>7</u> Motor Hyperactivity - frequent movements and/or rapid speech | | | | | | | |
| 24. <u>6</u> Distractibility - speech and actions interrupted by minor external stimuli or hallucinations and delusions | | | | | | | |

TOTAL: 115

SECTION V Prescribing (treating) Physician's Credentials

1. Are you a Board Certified or Board Eligible psychiatrist? Yes ☒ No ☐
2. If prescriber is not a psychiatrist, please provide documentation describing credentials as experienced in using neuroleptic drugs in clinical practice.

Attach a copy of the physician's prescription for clozapine. The prescription must be signed and dated and must cover the period of time being requested.

AUTHORIZATION IS GIVEN BASED ON INFORMATION SUBMITTED. RESPONSIBILITY FOR ASSESSING THE ADVISABILITY OF PRESCRIBING CLOZAPINE AND FOR ASSURING COMPLIANCE WITH ANY REQUIRED MONITORING LIES WITH THE PRESCRIBING PHYSICIAN.

04/15/92

DATE

I. M. Prescribing, M.D.

TREATING/PRESCRIBING PHYSICIAN

SECTION VI Additional Information

Recipient Name Im A. Recipient

Recipient MA ID # 1234567890

The information requested below is not used in adjudicating the prior authorization, but is required for a long-term study of clozapine.

A. Social Status

1. Legal guardianship and/or informal responsibility (check all that apply)

- ☐ Legal guardian established ☐ Spouse responsible
☐ Other legal oversight ☐ Other relative responsible
☒ Resident/self responsible

2. Marital status (check one)

- ☒ Single ☐ Separated
☐ Married ☐ Divorced
☐ Widowed

3. Current financial support other than SSI? Yes ☐ No ☒

4. Is patient currently employed? Yes ☐ No ☒

Paid job Yes ☐ No ☐

Type of work _____

of hours per week _____

How long in position? _____

5. Is patient currently in school? Yes ☐ No ☒

If Yes, please check type of schooling:

- ☐ High School/GED ☐ Vocational ☐ College/University

6. Living situation. Please check one.

- ☒ Private home/apartment/condo ☐ Retirement home
☐ Private room/rooming house ☐ Nursing home
☐ Homeless ☐ Other _____
☐ DOM/board and care home/group home/group residence

B. Medication Administration

1. Who is responsible for drawing blood for WBC? CSP coordinates it.

2. Who is responsible for reporting WBC results to physician/pharmacist? Lab

3. Who is responsible for overseeing clozapine administration? CSP staff.

C. Current Medications

Please list all known drugs presently taken by this patient. Include all drugs prescribed or used during the past month and the use of PRNs and over the counter medications.

Drug Name	Dosage Instructions/ Frequency	Date Started	Side Effects
Lithium CO ₂	600 mg BID	3/88	Dry mouth
Lorazepam	2 mg PRN	4/89	None
Haldol	30 mg HS	8/88	None
Haldol Dec	100 mg Im q 2 weeks	8/88	None

D. Non-medical Treatment (continue on back)

Psychosocial and rehabilitation services, adequacy of community support, family involvement, CSP programming, etc.
Daily contact with CSP staff. Brother is very attentive, supportive. Lives with male friend who is supportive, calls CSP staff when she isn't doing well.